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FAX NO. 3034477800

P. 03

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PTO/SB/83 (04-05)
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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

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Name	Registration Number	Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

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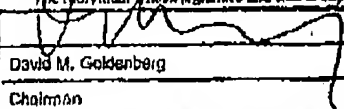
<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
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Assignee Name and Address:
Immunomedics, Inc.
300 American Road
Morris Plains, New Jersey 07050

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/98 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature		Date	March 1, 2006
Name	David M. Goldenberg	Telephone	(973) 605-8200
Title	Chairman		

This collection of information is required by 37 CFR 1.31 and 1.32. The information is required to obtain or retain a benefit by the public which is to be paid by the USPTO in connection with an application. Confidentiality is governed by 35 U.S.C. 422 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1100, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
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STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Immunomedics, Inc.

Application No./Patent No.: 10/066,782 Filed/Issue Date: 2/6/2002

Entitled: Methods and Compositions for Increasing the Target-Specific Toxicity of a Chemotherapy Drug

Immunomedics, Inc., a corporation

(Name of Assignee) (Type of Entity, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

- ☒ the assignee of the entire right, title, and interest or
- ☐ an assignee of less than the entire right, title, and interest

This extent (by percentage) of its ownership interest is %

In the patent application/patent identified above by virtue of which:

A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 010429 Frame 0920, or for which a copy thereof is attached.

OR

B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

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☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.

(NOTE: A separate copy (i.e., a true copy of the original document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08)

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

David M. Goldenberg March 1, 2006
Signature Date
Printed or Typed Name
Chairman
Title

(873) 608-8200
Telephone Number

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